

# 2009 Farm Vendor Application Bloomington Community Farmers' Market

Print or type all information clearly and return **with application fee of \$20**  
(the application fee does not apply if all vendors on the contract are 16 years of age or younger) to:

Bradley Drake, Market Master  
City of Bloomington Parks and Recreation Department  
P.O. Box 848 Bloomington, IN 47402

## **Vendor Information**

Name of primary vendor (one name only) \_\_\_\_\_

Name(s) of additional vendor(s)\_\_\_\_\_

Name of farm or business (if applicable)\_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary phone (       ) \_\_\_\_\_ Secondary phone (       ) \_\_\_\_\_

Email\_\_\_\_\_Website\_\_\_\_\_

Vendors' ages (number in each category)                                                                 
age 0-16                      age 17-59                      age 60+

Name(s) of Stand Assistant(s)

(Stand assistant is a person who is not a qualified Market vendor and is unable to earn points, but is allowed to assist vendor at Market.)

### Production Location Information

**List each production location and product raised at it (attach additional sheets if needed including all of the following information).** If additional locations are added during the Market season, Vendor must notify Market staff in writing prior to using land.

1) Address (or location description) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Size of area utilized:** \_\_\_\_\_ acres

**List primary products you expect to raise at this location in 2009:** \_\_\_\_\_

**Owner of production location if different than primary vendor.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Land is rented      leased      other (explain)

2) Address (or location description) \_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_ County\_\_\_\_\_

Size of area utilized: \_\_\_\_\_ acres

List primary products you expect to raise at this location in 2009: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner of production location if different than primary vendor.

Name\_\_\_\_\_ Phone Number\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_ County\_\_\_\_\_

Land is rented\_\_\_\_leased\_\_\_\_other (explain)\_\_\_\_\_

Location (1, 2 or on additional sheet) , size and number of greenhouses:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location (1, 2 or on additional sheet), number and type of animals you keep currently for Market purposes

(For Meat, Dairy, Egg and Pet Food Vendors):\_\_\_\_\_

\_\_\_\_\_

Meat processor and location of plant:\_\_\_\_\_

\_\_\_\_\_

**License, Permit and Permission Information**

Provide copies of licenses and permits issued by regulatory agencies, as required.

- ☐ Egg Vendor License
- ☐ Seasonal Food Vendor Permit and/or Temporary Food Vending Permit from the Monroe County Health Department
- ☐ Manufactured Grade Milk /Milk Processors Permit
- ☐ Indiana Commercial Feed License from the State Chemist

Identify the location(s), if applicable, where items are gathered and attach permission of property owner where gathered, if necessary.\_\_\_\_\_

\_\_\_\_\_

Would you give the City permission to release your name, address, phone number, e-mail and website to customers interested in contacting you for information and/or special orders?

Yes \_\_\_\_\_ No\_\_\_\_\_

**This Agreement is effective upon approval of Market staff. Notification of approval to sell will be issued to new vendors and declined applicants only.**

\_\_\_\_\_  
Primary Vendor's Signature

\_\_\_\_\_  
Date

For Office Purposes Only Received\_\_\_\_\_ Approved\_\_\_\_\_ Denied\_\_\_\_\_ Notification\_\_\_\_\_